

**HOUSING AUTHORITY OF DRY RIDGE**

Dry Ridge, Kentucky

**Contagious and Infectious Disease Preparedness and Recovery Plan**

**Adopted by PHA Board of Commissioners**

Resolution No.: 2020-2

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Authorized Use by the Housing Authority of Dry Ridge

## Contagious and Infectious Disease Preparedness and Recovery Plan

### Implementation Schedule

Staff Training Date (if needed): \_\_\_\_\_

### Distribution to Functional Areas

This Contagious and Infectious Disease Preparedness and Recovery Plan has been distributed to staff in the following Departments

- MAINTENANCE
- SECTION HCVP ALL STAFF
- FINANCIAL STAFF
- PUBLIC HOUSING ALL STAFF
- INSPECTORS
- OTHER: SPECIFY: \_\_\_\_\_

Date Policy Prepared: \_\_\_\_\_

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## **CONTAGIOUS and INFECTIOUS DISEASE PREPAREDNESS and RECOVERY PLAN**

### **Purpose**

The Housing Authority of Dry Ridge (hereinafter referred to as Agency) is committed to protecting the health and safety of its applicants, residents, participants, and staff. In recognition of the unprecedented rise and risk of COVID-19, the Agency has adopted the Contagious and Infectious Disease Preparedness and Recovery Plan (Plan). This Plan implements Agency-wide methods, using federal, state, and local authorities' recommendations, for containment, disinfection, quarantine (including stay-at-home orders), and education to prevent the spread of contagious and infectious diseases.

### **Applicability**

The Plan applies to applicants applying for housing assistance under a HUD covered program, residents receiving public housing assistance, participants receiving housing assistance under any Section 8 Program, including Housing Choice Voucher Program (HCVP), Project-Based Voucher, and participants receiving housing assistance under the HUD Multifamily Program (PBRA, RAD), PHA staff, and contractors on PHA-property.

For this Plan, the term "tenant or resident" shall refer to persons receiving housing assistance and the assisted household members on their lease, and the term "staff" shall refer to PHA-employees or contractors.

### **Statement of Local Objectives**

The objective in adopting the Plan is to attempt to alleviate any severe impact that a contagious and infectious disease or pandemic may have on the Agency's continued mission of providing safe, decent, and affordable housing. The Agency will take proactive actions and implement new processes to continue the Agency's critical operations while promoting safety measures to protect the health of applicants, tenants, and staff.

## Chapter 1. Understanding and Protection Against Contagious and Infectious Diseases

It is essential to educate staff on how to recognize common contagious and infectious diseases, how they are transmitted, the proper methods and means of protection, and how to prevent or limit their spread.

### A. Common Infectious Diseases

The most common infectious diseases originate in bacteria and viruses. These infectious diseases can affect anyone regardless of race, economic status, age, gender, or health. The most vulnerable, who are most at risk for infection, are the elderly and persons with disabilities.

Types of infectious diseases and how they are transmitted:

#### 1. Types of Transmissions

- a. Direct transmission is through mucous membranes (typically eyes, nose, and mouth), blood contact, bodily fluid contact (such as saliva, sexual exchange), or airborne transmission such as coughing or sneezing.
- b. Indirect transmissions may come from touching a contaminated surface and then touching a mucous membrane of the face, such as rubbing eyes or scratching a nose.

#### 2. Bloodborne pathogens

Hepatitis A, B, and C; Human Immunodeficiency Virus (HIV); and Acquired Immunodeficiency Syndrome (AIDS) are the most common bloodborne pathogens.

- a. Bloodborne pathogens spread by direct contact with infected blood.
- b. All blood in which the staff comes into contact should be treated as potentially infectious.
- c. Proper Personal Protective Equipment (PPE) is mandatory in situations where blood is present.

The Agency encourages vaccinations for Hepatitis A and B for all staff or staff identified as at risk. It is at staff discretion whether to be vaccinated for Hepatitis A and B. The Agency will keep records of staff that are vaccinated and unvaccinated for Hepatitis A and B. Staff may elect to become immunized at any time, and the Agency will update their records as such.

#### 3. Infectious diseases

Infectious diseases include but are not limited to Coronaviruses, MRSA, Norovirus, Rotavirus, Influenza, Measles, Mumps, Rubella, Adenovirus, Rhinovirus, Enterovirus, and E. Coli.

The most effective way to limit the spread of these infectious diseases is through awareness of their routes of infection – the mucous membranes of the eyes, nose, and mouth via touch or airborne contaminant.

- a. Consistent and proper handwashing utilizing water and soap is the most effective way to neutralize the disease and limit infection by touch. A waterless hand sanitizer with a minimum of 60% alcohol can help neutralize the virus and limit contamination by touch. For infectious diseases transmitted via air, consider using proper face coverings. Staff are encouraged to wash hands and utilize face coverings upon interactions with all residents and wearing disposable gloves when in resident units during outbreaks of contagious and infectious disease.
- b. Flu vaccines are encouraged for all staff and residents who have a risk of exposure.

Vaccine drives may be coordinated with community health providers to provide low or no-cost access to conventional vaccines for residents and staff at the Agency's discretion. High priority should be given to elderly and disabled staff and residents as they are our most at risk from contagious and infectious diseases. Vaccine drives are excellent at lowering the risk to our most vulnerable that might otherwise go unvaccinated.

## **B. COVID-19**

Protecting your staff and residents of infection of COVID-19 is essential and understanding how it is transmitted to stop the spread in our community.

COVID-19 is transmitted through direct contact with an infected person, touching contaminated surfaces, and then touching oneself, and through the air.

The pandemic response of social distancing and quarantining to COVID-19 is to limit the interaction between residents and staff, staff to staff, and resident to resident.

The Agency will adhere to all federal, state, and local mandates on social distancing and essential business closures and openings.

The Executive Director/CEO will determine when it is safe to resume normal daily services and activities to residents and properties when mandated restrictions are lifted.

The Agency may not resume all services immediately if the determination is made the threat of infection is too risky for staff and residents. The Agency will be prepared for COVID-19 to cause waves of infection that may necessitate resumption of isolations or social distancing. It will require the stocking of disinfectants, masks, gloves, and other PPE supplies to maintain an on-hand supply. Agency preparedness for further waves of pandemic related lockdown is vital to preserving Agency operations and the

resumption of normal daily activities. The Agency understands they have to prepare for new outbreak and quarantine measures.

1. The Agency may limit or suspend resident services and activities during times of required social distancing, isolation, or quarantine.
  - a. Resident services involving face-to-face Annual Reexaminations and New Unit Leasing may be suspended during such times.
  - b. Routine maintenance of grounds, units, common areas, and buildings may be suspended during such periods.
  - c. Emergency and Urgent maintenance services will be available regardless of current federal, state, and local requirements during lockdown periods. The Agency may provide masks to residents not wearing one when it is necessary to interact with maintenance staff working within their units.
  - d. Contactless resident interaction such as drop slot, telephone requests for maintenance services, or electronic rental payments will be utilized during pandemic related lockdowns.
2. The Agency may provide check-in services or coordinate with community provided services for elderly or disabled residents during times of hardship caused by pandemic situations as they are the most at-risk population.
  - a. Services may be done via phone, electronic communications, or in extreme circumstances, face-to-face interaction if phone or electronic communications were unsuccessful.
  - b. Prior to any face-to-face interaction, staff will attempt to contact the emergency contact person listed by the tenant on the form HUD-92006 to provide needed supplies, food, or medical care for the individual.
3. All common areas will be disinfected at least once daily. Hard surfaces in areas or offices where there is face-to-face interaction with residents will be wiped down with disinfecting wipes or a bleach solution after the interaction. Residents are encouraged to assist in keeping the common areas of buildings sanitary during pandemic related lockdowns to aid staff in limiting the spread of disease.

### **C. Methods of Protection**

There are many acceptable routes of protection for staff and tenants. The most common is the widespread and frequent use of personal protective equipment (PPE). Other methods of protection are personal hygiene and limiting the risk of exposure.

#### **1. Personal Protective Equipment (PPE)**

Personal Protective Equipment (PPE) includes masks, gloves, eye protection, disposable protective suits, shoe covers, etc.

- a. PPE designed for single-use, is used ONLY once, and then is appropriately discarded into an approved refuse container.
- b. Multiple-use PPE, such as eye protection, is used whenever needed and disinfected or replaced at the wearer's discretion.
- c. Coordinate input from staff that regularly wear and use PPE to ensure purchased PPE is comfortable and suitable for the tasks performed by staff that require the use of protective equipment.
- d. It is the agency's general duty is to ensure the PPE for staff meets all of their needs and that staff feels adequately protected by the PPE purchased and provide by the agency.
  - 1) Staff may provide PPE in the form of masks to residents who do not have a mask or face covering before entering a unit. Staff may refuse to enter a unit if the resident refuses to use PPE or retreat to another room while maintenance is performed during times of pandemic. Residents will be advised by letter, notice, or a clause in the lease that staff may refuse service if they do not do their diligence in helping to limit the spread of disease during an outbreak like COVID-19 by wearing a mask or avoiding face-to-face interactions.
  - 2) The Agency may require masks or face coverings for all residents facing interactions with staff at the Agency's discretion. The Agency may also require staff to wear face coverings or masks when on Agency property regardless of staff's exposure risk. The Agency may require all staff to wear gloves during interactions with residents or when on Agency property. The Agency may not require an employee to remove their gloves or mask if the employee feels more protected wearing such.
  - 3) During a shortage of masks and disposable gloves, an employee may wear their own PPE. Whether the Agency or employee provided, the employee is responsible for the proper wear and removal of their PPE as needed or identified by their use (single or multiple wear).
    - a) It is our Agency's goal to limit the appearance of discrimination by using PPE for all units, whether known to be infectious or not. Staff must wear PPE for all unit assignments and treat every unit as if it is contaminated. Failure to wear PPE consistently is cause for supervisor review of staff or disciplinary action per the Personnel Policy.
    - b) At a minimum, the Agency will strive to maintain the following quantities of commonly used PPE and disinfectants at each location specified below:
      - (1) Disposable gloves – 1 box of small; 1 box of medium; and 1 box of large at each property and program office.

- (2) Disposable masks – 10 times the number of maintenance employees and inspectors and 2 times the number of all other employees.
  - (3) Disinfecting wipes – 3 unopened containers per property; 1 per program office.
  - (4) An EPA or CDC Approved/Recommended Spray Disinfectants – 3 cans at each property, 1 per program office.
  - (5) Bleach – Sufficient bleach to make 2 gallons of solution viable for a minimum of 30 days for disinfectant, per current CDC recommendations, per property.
  - (6) Disposable protective suits – 4 per property.
  - (7) Eye protection (goggles or shields) – 1 per maintenance employee.
  - (8) Alcohol-based hand sanitizers with a minimum of 60% alcohol content – 1 station in each office and common area with a 60-day supply on hand.
  - (9) Hazardous Waste Bags – 2 per property and 2 per office building.
- c) As masks and gloves are susceptible to degradation, they will be rotated out for daily use and replaced annually from date received.
- (1) Engineering Controls – In situations requiring extensive cleanup or abatement of bodily fluids from a property, the Agency may contract an outside firm specializing in biohazardous removal and containment to thoroughly remove the contaminated materials from the property thereby limiting the potential exposure and risk to residents and staff.
  - (2) Additional Engineering Controls – The Agency will provide biohazard refuse containers and arrange refuse removal with an approved local service. Staff must use these refuse containers for discarded PPE and all single-use PPE. Proper disposal further limits the risk of infection to staff and residents.

## 2. Hygiene Control

Effective methods of hygiene control prevent indirect transmission of contagious and infectious diseases, including handwashing, removal of contaminated clothing or materials, and proper wound care.

### a. Handwashing

Cleaning with soap and water reduces the number of germs, dirt, and impurities.

- 1) Soap does not have to be antibacterial to be effective at stopping the

spread of disease per the FDA.

- 2) Hands, arms, or other affected body parts should be washed as soon as possible with soap and water following contact with a potentially contaminated substance or surface. The following procedures will be used to wash hands properly:
    - a) Wet hand thoroughly;
    - b) Apply soap and rub hand together to lather both the front and back of hands;
    - c) Scrub hands and under fingernails for at least 20 seconds;
    - d) Rinse.
    - e) Dry with a disposable towel. Blow dryers may only be used if disposable towels are not available.
  - 3) Employees are encouraged to wash hands with soap and water as soon as possible upon leaving a unit or once a face-to-face tenant meeting has concluded.
- b. Hand Sanitizer
- 1) If soap and water washing facilities are unavailable, Agency supplied waterless hand sanitizer that is a minimum of 60% alcohol will be used by staff.
  - 2) Hand sanitizers will be made available at the entry to each office building and common areas for tenants and staff use.
- c. Eye Flushing
- Mucous membranes such as eyes, should be flushed with running water for 15 minutes if the eyes become contaminated. An approved eye-safe eyewash may be used as per label directions.
- d. Contaminated Clothing
- Clothing that has come into contact with potentially contaminated materials should be removed and thoroughly laundered as soon as possible. The underlying skin in contact with the clothing should be washed too.
- e. Wound Care
- Proper wound care is essential to decreasing the risk of exposure.
- a. Wounds should be thoroughly bandaged with an impermeable type of material to limit the risk of infection.
  - b. It is the employee's responsibility to advise their supervisors on potentially dangerous wounds as soon as possible. Reassignment to a less risky task

if the wound requires time to heal.

- c. On the job wounds should be documented and thoroughly cleaned with medical assistance if needed in compliance with OSHA requirements.
- d. Staff suffering from on the job wounds should be aware of any symptoms they may develop outside of the norm.

### 3. Disinfection

Disinfecting kills germs on surfaces. The proper disinfectants should be available for staff usage as required.

#### a. EPA-Approved Disinfectants

- 1) The Agency shall use disinfectants that are EPA-approved (<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>) or CDC recommended bleach solutions.
- 2) The Agency will follow the instructions on the label to ensure the safe and effective use of the EPA approved disinfectants.

#### b. Use of Bleach

- 1) Before use, check the label to determine if bleach is intended for disinfection. Some bleaches are not designed for disinfecting but are designed to brighten colors or whitening clothing.
- 2) Ensure bleach is appropriate for the surface and is not past its expiration date.
- 3) Diluted bleach solution of 5 tablespoons (1/3<sup>rd</sup> cup) bleach per gallon of water or 4 teaspoons bleach per quart of water, per CDC recommendation, shall be used for disinfection purposes.
- 4) Bleach solutions are viable for 24 hours. Bleach solutions with a higher concentration may be viable for up to 30 days, depending on concentration. Follow EPA and CDC guidelines for mixing higher concentrations.
- 5) Ventilate areas when using bleach solutions per manufacturer's instructions.
- 6) Never mix bleach with other household cleaners.

#### c. Cleaning and Disinfecting

- 1) Staff shall wear reusable or disposable gloves for cleaning and disinfecting. (Staff should always wash hands with soap and water after removing gloves.)
- 2) Clean the surface with soap and water before applying disinfectant.

d. Surfaces to be Disinfected and Frequency

- 1) Frequently touched surfaces such as but not limited to doorknobs, keypads/keyboards, elevator buttons, light switches, desktops, telephones, toilets, sinks, faucets, and countertops will be disinfected daily. In times of an outbreak, these surfaces should be disinfected throughout the day.
- 2) Common areas of buildings and offices should be disinfected daily or as needed during outbreak cycles. The Agency should encourage residents to report when cleaning is necessary and to help maintain the cleanliness of common areas.
- 3) Tools and multiple-use PPE should be cleaned and disinfected after each use.
- 4) Debris or trash from unit cleanups and repairs should be disposed of properly.
- 5) High touch surfaces and items in units should be disinfected as part of routine make-ready process.

4. Isolation, Quarantine, and Agency Travel

Isolation and quarantine are effective methods in slowing the spread and limiting exposure to contagious and infectious diseases.

a. Isolation and Quarantine

The Agency will advise all tenants to comply when federal, state, and local authorities mandate quarantine, stay-at-home, or social distancing orders.

- 1) In accordance with the Agency's Personnel Policy, visibly ill staff will be sent home from work. Symptoms of visible illness include but are not limited to fever over 100° or vomiting within the past 24 hours.
- 2) During times of pandemic, staff who show signs of infection will be sent home for 14 days or until they obtain a negative test result.

b. Travel

- 1) During specified pandemic instances, the Agency will suspend all Agency related travel no matter the method of transportation, until it is safe to travel without restrictions.
- 2) Travel restrictions include travel for training and education, as well as housing-related association meetings, conventions, and conferences.

## **Chapter 2. Exposure Determination, Post Exposure Documentation, Record Keeping, and Staff Training**

The Agency must determine which staff are most at risk for occupational exposure and develop a plan to document post-exposure incidents and maintain the records for such exposure.

### **A. Exposure Determination**

1. Staff most at risk for exposure are maintenance, inspectors and office staff who interact daily with tenants and the public.
  - a. All employees are encouraged to be vaccinated for Hepatitis A and B and influenza.
  - b. Staff must sign a form for their personnel file, acknowledging that they have been advised of the risk and whether or not they will get the recommended vaccinations.
  - c. Staff may elect to be vaccinated at any time and have their vaccination records updated to reflect the vaccinations.
2. The Agency will supply staff subject to risk exposure PPE as their job tasks dictate their need for PPE.

### **B. Post Exposure Documentation**

1. An employee potentially exposed to contagious or infectious disease shall notify their immediate supervisor or Agency identified point of contact (POC) regarding their exposure.
2. Staff potentially exposed to contagious or infectious diseases are advised to seek immediate medical treatment.
3. The affected employee must complete an Exposure Incident Report as soon as possible, detailing the events and type of suspected exposure.
  - a. If other employees were present at the time of the suspected exposure, they must be listed on the Exposure Incident Report.
  - b. The employee will be advised to supply the medical provider with a copy of the Exposure Incident Report to help diagnose a potentially contagious or infectious disease.
4. Any employee information provided to the Agency, including a report of a suspected exposure of a contagious or infectious disease will be kept confidential.
5. The medical provider will provide a confidential report to the exposed employee and advise if any follow-up care is needed. The medical provider will provide in writing that the affected staff member was informed of their results and if follow

up care is indicated.

6. All post-exposure initial examinations, follow-ups, and laboratory testing shall be made with full confidentiality for each person affected by the exposure incident.

### **C. Record Keeping**

1. Records of exposure must be maintained for the term of employment plus three (3) years in a manner consistent with the Agency's Personnel Policy.
2. Exposure Incident Reports, with personally identifiable information redacted, will be made available within 15 days of a request under state freedom of information laws.

### **D. Staff Training**

No more than 60 days from the date of adoption of this Plan, all staff must complete a training course and sign a statement that they have received this Plan and have had an opportunity to ask questions.

The Agency will document staff training on the adopted Plan in personnel files for the duration of their employment.

Newly hired staff will be provided with a copy of the Plan during onboarding.

### **E. Plan Updates and Evolution**

The Agency will update this Plan as necessary as the understanding and knowledge of contagious and infectious diseases grows and evolves, and new information becomes available on how to prevent or contain it.

### Chapter 3. COVID-19 Recovery Plan

As the Agency phases back into normal operations, it is essential for staff to prepare mentally and practically, as well as be aware of the possibility of another wave of COVID-19. A notice to tenants summarizing how the Agency will be resuming normal operations and how the Agency will operate if another shut down is necessary.

During an infectious disease outbreak, the Agency must prepare for disruption in their routine business as well as prepare to protect their employees' health and safety in the workplace.

During such a pandemic as COVID-19, these steps will be implemented to protect employees and prepare the Agency for disruption:

1. Identify a workplace coordinator who will be responsible for COVID-19 issues and their impact at the workplace.
2. Examine policies for leave, telework, and employee compensation during a pandemic.
3. Leave policies should be flexible and non-punitive and allow sick employees to stay home and away from co-workers. Leave policies should also account for employees who need to stay home with their children if there are school or childcare closures, or to care for sick family members.
4. When possible, use flexible worksites (e.g., telework) and flexible work hours (e.g., staggered shifts) to help establish policies for social distancing (maintaining distance of approximately 6 feet between employees and others, as recommended by the CDC or state and local health authorities).
5. Review the Agency's leave policies with all employees and provide information about available employee assistance services. Share information on steps they can take to protect themselves at work and at home.
6. Identify essential employees and housing functions, such as maintenance, recertifications, and other activities required to maintain operations.
7. Prepare business continuity plans for significant absenteeism, disruptions, or changes in the way we need to conduct business.
8. Establish an emergency communications plan. Identify key contacts (with back-ups), chain of communications (including commissioners and residents), and processes for tracking and communicating about business and employee status.
9. The response plan and expectations will be communicated to employees.
10. Prepare a summary of the Response Plan to provide to residents along with emergency contact information. Post a summary on a window in each office building entry so it can be read from outside the building.

In planning for the use of the 2020 CARES Act funding received for operations and capital improvements, we will consider enhancing the ability of occupancy staff to resume or continue to work remotely. Staff who were allowed to work remotely should advise their supervisor or Point of Contact of what is needed that was not available when they began working from home during the initial stage of the pandemic so that it can be procured with CARES Act funding.

The Agency will resume operations under a "new normal model" as state and local moratoriums expire. Any staff who feel uncomfortable returning to work when directed will be allowed to delay their return by using any leave they may have accumulated (sick leave, personal leave, vacation time, or any combination of available leave). When daily responsibilities can be successfully carried out by working remotely, the Executive Director/CEO may approve working from home instead of furloughing or dismissing staff. This decision will be made on a case by case basis at the sole discretion of the Executive Director/CEO.

#### **A. Conducting Business Under a New Normal Model**

Agency operations under the new normal model will include staff phasing back into working on site. As much work as possible will continue to be conducted virtually for the protection of staff and applicants/residents/participants. When doing business virtually, paperwork requiring signatures will be mailed to residents with instructions and a self-addressed stamped envelope, or electronic signatures may be used, or residents sign the paperwork in person after social distancing requirements are lifted. The caseworker will note method of conducting each recertification in the file for an auditor to understand why signed forms may be missing.

1. General Guidelines
  - a. Employees shall practice good hygiene and safe behavior, including:
  - b. Stay home if sick.
  - c. Practice "Social Distancing"
  - d. Employees shall wash hands with soap and water during the day, scrubbing for at least 20 seconds.
  - e. Maintenance staff will carry hand washing supplies in their vehicles for their use on the job site.
  - f. Employees are required to wash hands, scrubbing for at least 20 seconds before and after entering/exiting occupied units. While working in occupied units, the employee shall wear gloves where practical for the repair.
2. Fifty percent of staff in each department will resume working at their normal site when the state and the local government allow non-essential businesses to resume operations. The Executive Director/CEO or designee will determine which staff will return first. Generally, those who have been productive in working remotely or

who have children with no daycare options due to COVID-19 will be allowed to continue to work from home.

- a. The temperature of each employee returning to work may be checked with an infrared thermometer before entering the building during the pandemic. Returning staff will wear masks each day until the CDC lifts the recommendation for face covering. If an employee experiences symptoms of COVID-19, he/she should not come into work.
  - b. At the time of first contact with residents, program participants or applicants (virtually or face to face), occupancy staff will obtain the email addresses and cell phone numbers of all adult family members who do not have them already on file.
  - c. The Agency will provide a mask or face cover to each applicant/resident/program participant that staff have face-to-face contact with if they are not already wearing one.
  - d. Residents and visitors will not be allowed to wait in the waiting area. After signing in with their name, cell phone number, and purpose of contact, they will return to their vehicles or an outside seating area (with seating at least 6 feet apart). They will be called on their cell phone when staff can see them. No more than three people will be allowed in at a time. Reasonable accommodations will be made for elderly or disabled persons who state they cannot wait in their vehicle or sit outside due to health conditions or disability.
  - e. Workspace will be spread out to comply with social distancing for both staff and residents/applicants/program participants.
  - f. All commonly touched surfaces will be wiped down with a CDC or EPA recommended disinfectant between face-to-face contacts.
3. After 14 calendar days and no new COVID-19 infections among staff who initially resumed on-site work activities, the remaining staff can come back to work. They will adhere to the same procedures as the initial staff called back to work.

## **B. Quarantined Residents**

Some residents will likely be under a self-quarantine in their dwelling units. When this occurs, staff will adhere to the following guidelines:

1. Service Requests and Unit Access: Suspend routine maintenance, repairs, and inspections within the rental unit. The unit should only be entered for emergency repairs. Avoid close contact with the resident during any entry of the unit. Again, follow CDC Guidelines when entering units where an infected person resides.
2. Cleaning Requirements for Make-Readies: Follow the guidance of the CDC, EPA, and local health agency concerning any additional cleaning of the common areas or unit as a result of residents self-quarantining. Additional cleaning may not be

recommended or required in this situation. If the public health agency or client recommends or requires additional cleaning that requires personal protective equipment (PPE) or is beyond the capability of your team or regular cleaning service, consider hiring a qualified vendor to perform the cleaning.

3. **Delivery of Notices:** Leave or post them outside the unit door to avoid close contact with the self-quarantining resident.
4. **Vendor Services:** Vendors who regularly provide services within the units should be notified that service is suspended to the unit in question, without advising them of the reason for the suspension. It is imperative to protect resident privacy in discussions with vendors.
5. **Support to the Resident.** A period of self-quarantine may be stressful for a resident. You should endeavor to be empathetic and supportive during this challenging time, keeping in mind restrictions on your ability to be in close physical contact with the resident. In consultation with resident organizations or the resident advisory board, set reasonable expectations about your ability to help residents.
6. **Protecting Resident and Employee Privacy.** Information about the health and status of the self-quarantining resident or affected employee with other residents or employees is prohibited. Consider sharing that information with the property manager but advise the manager not to discuss it with anyone except as necessary to comply with other guidance received.

### **C. Maintenance and Inspections**

#### **1. General Guidelines**

During the time the Agency is closed, maintenance can complete emergency and urgent work orders, vacant unit make-readies, and reconciled inventory. As normal operations resume, maintenance will tackle the backlog of routine work orders.

Inspections will not be performed during the first three (3) months, with a date to resume set by the Executive Director/CEO or designee.

Maintenance will ensure that PPE never falls below the minimum thresholds stated in this Plan.

#### **2. Repairs**

- a. The person accepting work order requests will confirm if any occupants are sick before generating the work order. If any occupant or visitor is self-quarantining due to a positive COVID-19 test, any routine work requested will be delayed until the resident advises that they have tested negative.
- b. Requested repairs will be completed on a priority basis as maintenance staff and vendors are available.
- c. If the resident is home, request that they either put on a mask or face covering

or stay in another room with the door shut while working in the unit.

- d. Open windows in the work area, weather permitting.
  - e. Pets and service or assistance animals must be contained.
  - f. Work area and all high touch areas shall be cleaned and disinfected before the start of work.
  - g. Employees shall wash hands following CDC guidelines before entry or use approved hand sanitizer. Disposable gloves and masks will be worn in every unit.
  - h. After completion of work, the employee shall again disinfect the area, dispose of gloves and mask in a plastic bag before disposing in a waste container, then wash hands.
3. What to Do if Resident Will Not Let Maintenance in Rental Unit

It is essential to recognize that managing people's fears during a pandemic or crisis is very important. There may be some residents who may be very scared about the possibility of getting COVID-19. That fear must be balanced with ensuring that issues of safety and health are in place. If you have a repair that is an issue of health and safety, try to work with your resident to assure them you are only doing what is highly necessary. Assure the resident that you will disinfect both before and after the repair. Offer them a mask or face covering if they do not have one. If all else fails, carefully document their refusal to allow entry in case there is a question about the repair not being made or the habitability of the unit in the future.

4. Reducing the Risk of Exposure to COVID-19 by Cleaning and Disinfection

The virus that causes COVID-19 can be killed if by using the right products. EPA has compiled a list of disinfectant products that can be used against COVID-19, including ready-to-use sprays, concentrates, and wipes. Each product has shown to be effective against viruses that are harder to kill than viruses like the one that causes COVID-19. Chapter 1 C. of this document provides a general framework for cleaning and disinfection practices. The framework is based on:

- a. Routine cleaning with soap and water decreases how much of the virus is on surfaces and objects, reducing the risk of exposure,
- b. Disinfecting using EPA-approved disinfectants against COVID-19 to help reduce the risk.
- c. Using EPA approved disinfectants. When EPA approved disinfectants are not available, alternative disinfectants can be used (for example, 1/3 cup of bleach added to 1 gallon of water, or 60% alcohol solutions).

- 1) Do not mix bleach or other cleaning and disinfection products. The mixture above can cause fumes that may be very dangerous to breathe in. Bleach solutions are effective for disinfection for up to 24 hours.
- 2) Keep all disinfectants out of the reach of children.
- 3) Read EPA's infographic on how to use these disinfectant products safely and effectively.

#### **D. Rent Collections**

To avoid face-to-face contact and handling of money and checks, the Agency will consider setting up alternate methods for collection of rent during the pandemic or phase-in of returning to work. This may include providing stamped self-addressed envelopes for mailing rent, arranging with the Agency's bank for collections, or setting up online payment systems that accept credit and debit cards. Examples of portals offering this service include, but are not limited to: Rentcafe, Cozy, Pay Rent, Avail, SparkRental, Buildium, PayYourRent, PayPal, and TenantCloud.

As the Agency resumes normal operations, any person collecting rent must wear a face-covering/mask and disposable gloves, remain at least 6 feet from the payee, or be protected by a shield.

Countertops, protective barriers, and pens will be wiped down with a disinfectant wipe once every hour.

#### **E. Showing Rental Units During Crisis**

No currently occupied unit will be shown during the pandemic. Rather than holding vacancies, the Agency will allow showing of a unit in real-time without personal contact. The Agency may achieve this through:

1. Virtual showings of rental units through apps such as Facetime or Zoom;
2. Use of lockboxes that would allow applicants to view the unit on their own; or
3. Staff may unlock the door and return to their vehicle while the applicant looks at the unit (Staff and applicants must wear masks covering their noses and mouths during this process).

#### **F. Amenities and Common Areas Left Open for Tenant Use During Crisis**

Any common area open during the pandemic, such as laundry rooms, trash chutes in high rises or mail collection areas will be cleaned and disinfected daily. To properly disinfect these areas, hours of use may be shortened. Open hours will be posted.

The Agency will notify all residents of common areas that will be closed for use during the crisis by mailed letter or posted notice. Examples of these areas include, but are not limited to, playgrounds, offices, and community rooms.

## **G. Housing Choice Voucher Program (HCVP)**

All general procedures for staff discussed earlier in this Plan will be followed by HCVP staff. However, some activities that are only performed in the HCV program are in this section.

### **1. Voucher Briefings**

#### **a. Virtual Briefings**

- 1) Voucher briefings will continue virtually whenever possible.
- 2) Documents requiring signatures will be downloadable, allow for electronic signature, or mailed to the new voucher holder with a self-addressed stamped envelope.

#### **b. Face-to-Face Briefings**

- 1) When face-to-face voucher briefings are held, social distancing will be practiced.
  - 2) To space seating at least 6 feet apart, briefings may be limited to smaller than normal groups.
  - 3) Each voucher holder must wear a mask or face cover. One will be provided to those not wearing one.
  - 4) Before and after each briefing, all commonly touched surfaces will be disinfected. Disinfection includes, but is not limited to, pens, chairs, doorknobs, and clipboards.
  - 5) As it may be necessary for Agency staff conducting the briefing to remove their mask to be heard, he/she will remain more than 6 feet from everyone in the room.
  - 6) Briefing packets, along with a pen, will be picked up by applicants as they enter the room.
  - 7) Completed executed documents will be placed in the envelope with the briefing participant's name written on the outside, along with their email address and cell phone number and left in a designated location.
- ### **2. Request for Tenancy Approvals (RFTA) and Housing Assistance Payment (HAP) Contracts**
- a. Voucher holders may mail, email, or fax the RFTA or place in a drop box at the reception desk.
  - b. The Occupancy Specialist will notify the voucher holder and owner by email (or by mail if no email address is provided) as to whether the RFTA is approved or denied.

- c. HAP contracts will be delivered by mail for the landlord's signature. The executed contract can be mailed back to the Agency or left in a drop box at the reception desk.
  - d. Any discussions regarding the RFTA or HAP contract will be conducted virtually or by telephone.
3. Informal Hearings
- a. Informal hearings will be held virtually whenever possible.
  - b. When face-to-face hearings are held, social distancing will be practiced.
  - c. Seating will be spaced 6 feet apart.
  - d. Each party (PHA, family, and hearing officer) must wear a mask or face cover. One will be provided to those not wearing one.
  - e. All commonly touched surfaces will be disinfected before and after the hearing. Disinfection includes, but is not limited to, pens, chairs, doorknobs, desks, etc.
  - f. The hearing decision will be emailed to the parties. If email is not available, the hearing decision will be mailed to the respective parties.
4. HQS Inspections
- a. To protect landlords, voucher holders, participants, and Agency staff, no one may be in the same room as the inspector during the inspection unless requested to be there by the inspector to clarify an inconclusive deficiency.
  - b. If a discussion of a deficiency is necessary, 6-foot social distancing will be practiced.
  - c. The inspector will wear disposable gloves and a mask or face covering while on the property being inspected.
  - d. If present during the inspection, the owner and voucher holder will also wear appropriate face covering.
  - e. The inspector will utilize the Agency's normal processes of notifications of inspections and inspection results.

## **H. Travel**

The Agency will not approve any travel through December 31, 2020, unless all associated costs can be fully recouped should there be a need to cancel the trip.

This time period may be extended by the Executive Director if there are new waves of the virus.

Staff returning from any travel, whether Agency related or personal, who have been to areas/regions where a coronavirus outbreak is deemed severe or for which travel advisories have been issued, will self-quarantine for the later of 14 days upon return

or until a negative test result. Refer to the Agency Personnel Policy for further information. Staff that fail to voluntarily self-quarantine shall be sent home to self-isolate for the required 14 days or until a negative test result is obtained. The Agency will not pay the employee's wages during the quarantine or self-isolation period unless the Agency required the travel.

### **I. Training**

All training for existing and new staff through December 31, 2020, will be completed through live online courses that offer certificates of completion or certifications to verify the training's completion.

Off-site training or on-site classroom training may resume after that date at the discretion of the Executive Director/CEO.

## Appendix A: Glossary of Terms Used in Plan

**Approved Disinfectant:** A bleach/water solution in a ratio of 1:10 or any EPA or CDC recommended disinfectant.

**Bloodborne Pathogens:** Pathogenic microorganisms that are present in human blood and can cause disease in humans. These include but are not limited to Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), and Acquired Immune Deficiency Syndrome (AIDS).

**Centers for Disease Control and Prevention (CDC):** This is the leading national public health institute of the United States. It is a United States federal agency, under the Department of Health and Human Services, and headquartered in Atlanta, Georgia

**Contaminated:** The presence or reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

**Coronavirus:** Any group of RNA viruses that cause a variety of diseases in humans and other animals.

**COVID-19:** CO=corona virus, VI=Virus, D= disease, 19 for year believed to be discovered.

**Engineering Controls:** Controls isolate or remove the bloodborne pathogen, infectious disease, or virus from the workplace. Examples: Sharps disposal containers in public restrooms and handwashing facilities.

**Exposure Incident:** Specific eye, mouth, or other mucous membranes, non-intact skin, or parenteral contact with potentially infectious material(s) that result from the performance of job duties.

**Food and Drug Administration:** Is responsible for protecting the public health by ensuring the safety, efficacy, and security of human and veterinary drugs, biological products, and medical devices; and by ensuring the safety of our nation's food supply, cosmetics, and products that emit radiation.

**Handwashing Facilities:** A facility providing an adequate supply of running potable water, soap, and single-use towels disposed of in a covered container or hot air-drying machines.

**Occupational Exposure:** Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other infectious materials that result from job duties.

**OSHA:** Occupational Health and Safety Administration

**Other Potentially Infectious Materials (OPIM):** Human bodily fluids, semen, vaginal secretions, fecal matter, saliva, any bodily fluid containing blood, and all bodily fluids where it is difficult or impossible to differentiate between fluid types; any unfixed bodily tissue or organ (other than skin) from a human living or dead.

**Pandemic:** a disease widespread over a country or world. An outbreak of pandemic disease.

**Parenteral:** Piercing of mucous membranes or the skin barrier through such events as human bites, cuts, and abrasions. It also includes cuts, abrasions, and ruptured skin already present before potentially infectious occupational duties.

**Personal Protective Equipment (PPE):** Specialized clothing or equipment worn for protection from a hazard.

**Prophylaxis:** Prevention of disease; preventive treatment

**Source Individual:** the person from which any potentially infectious disease, bloodborne pathogen, or virus originates.

**United States Environmental Protection Agency (EPA):** The mission of EPA is to create standards and laws that protect human health and the environment.

**Universal Precautions:** Controls that reduce or limit the exposure to a hazard. An approach to infection control whereby all human blood and OPIM shall be treated as known to be infectious for HIV, HBV, HCV, or other bloodborne pathogens or infectious disease.

**Work Practice Controls:** Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

## **Appendix B: Plan Implementation Forms**

## **Contagious and Infectious Disease Prevention and Recovery Plan Acknowledgement of Understanding**

As an employee of \_\_\_\_\_

I understand that in the course of my work I may come into contact with bloodborne pathogens, contagious and infectious diseases, and viruses. I am aware that these may pose a threat to my well-being and include, but are not limited to, COVID-19, human immunodeficiency virus (HIV), Hepatitis B (HBV), Hepatitis A (HAV), acquired immune deficiency syndrome (AIDS), and other contagious and infectious diseases.

*PLEASE READ EACH STATEMENT BELOW AND CHECK THE BOX BEFORE IT TO SIGNIFY THAT YOU HAVE READ IT. SIGN AND DATE THE FORM WHEN COMPLETED.*

- I have received and read my agency's Contagious and Infectious Disease Prevention and Recovery Plan (updated in 2020 to include the COVID-19 pandemic).
- I have received training on implementation of the Plan.
- I understand that it is my responsibility to take measures to protect myself, my fellow workers, and LIPH residents and program participants from potential exposures to bloodborne pathogens, contagious and infectious diseases, and viruses, including COVID-19.
- I further understand it is my responsibility to wear the Personal Protective Equipment (PPE) provided by my agency to comply with both this Plan and OSHA safety requirements.
- I also understand that failure to comply with use of PPE and other required safety precautions is grounds for termination of my employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (print) \_\_\_\_\_

Department \_\_\_\_\_

## Employee Acceptance/Declination of Hepatitis A Vaccinations

Hepatitis A is a vaccine-preventable, communicable disease of the liver caused by the hepatitis A virus (HAV). It is usually transmitted person-to-person by the fecal-oral route or through consumption of contaminated food or water. Hepatitis A is a self-limited disease that does not result in chronic infection. Most adults with hepatitis A have symptoms, including fatigue, low appetite, stomach pain, nausea, and jaundice, that usually resolve within 2 months of infection. Antibodies produced in response to HAV infection last for life and protect against reinfection. The best way to prevent HAV infection is to get vaccinated.

I acknowledge that I am aware of the following facts (*Please read and check each box after reading the statement.*):

- The exact duration of protection against hepatitis A virus infection after vaccination is unknown. Anti-HAV has been shown to persist for at least 20 years in most people receiving the entire 2-dose vaccine series during adulthood.
- Hepatitis A can cause liver failure and death, although this is rare and occurs more commonly in persons 50 years of age or older and persons with other liver diseases, such as hepatitis B or C.
- Hepatitis A vaccine can prevent hepatitis A. Hepatitis A vaccines were recommended in the United States beginning in 1996.
- You should not get the Hepatitis A virus vaccination if you ever had a life-threatening allergic reaction after a dose of hepatitis A vaccine or have a severe allergy to any part of this vaccine.
- The consequences of my refusal to be vaccinated could have life-threatening consequences for my health and the health of everyone with whom I have contact.

-----  
*Check the appropriate box below, and sign and date the form. Return the completed form to the person/department responsible for Human Resources at your housing agency.*

- Despite these facts, I am choosing to decline taking the Hepatitis A vaccinations. I understand that I can change my mind at any time. I agree to provide evidence of taking the Hepatitis A vaccinations to my employer should I change my mind.
- I have already taken the Hepatitis B vaccination series.
- I agree to take the entire Hepatitis A vaccination series.

I have read and fully understand the information on this acceptance/declination form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (print) \_\_\_\_\_

Department \_\_\_\_\_

reference: CDC. Access links to current recommendations at <https://www.cdc.gov/hepatitis/hav/index.htm>

## Employee Acceptance/Declination of Hepatitis B Vaccinations

I acknowledge that I am aware of the following facts (*Please read and check each box as you read the statement.*):

- Hepatitis B is a liver infection caused by the hepatitis B virus (HBV). HBV is transmitted when blood, semen, or another body fluid from a person infected with virus enters the body of someone who is not infected.
- Hepatitis B can be contracted through sexual contact; sharing needles, syringes, or other drug-injection equipment; from mother to baby at birth; or through percutaneous or mucosal exposure to blood or other bodily fluids.
- Maintenance employees are most at risk of contact with the Hepatitis B virus.
- Hepatitis B vaccine can prevent hepatitis B.
- You should not get the Hepatitis B virus vaccination if you had a serious allergic reaction to a prior dose of hepatitis B vaccine, a component of the hepatitis B vaccine, or yeast should not receive hepatitis B vaccine. When hepatitis B vaccine is administered as part of a combination vaccine, contraindications to other vaccines should be checked.
- The consequences of my refusal to be vaccinated could have life-threatening consequences for my health and the health of everyone with whom I have contact.

-----  
*Check the appropriate box below, and sign and date the form. Return the completed form to the person/department responsible for Human Resources at your housing agency.*

- Despite these facts, I am choosing to decline taking the Hepatitis B vaccinations. I understand that I can change my mind at any time. I agree to provide evidence of taking the Hepatitis B vaccinations to my employer should I change my mind.
- I have already taken the Hepatitis B vaccination series.
- I agree to take the entire Hepatitis B vaccination series.

I have read and fully understand the information on this acceptance/declination form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (print) \_\_\_\_\_

Department \_\_\_\_\_

reference: CDC. Access links to current recommendations at <https://www.cdc.gov/hepatitis/hbv/index.htm>

### Employee Acceptance/Declination of Influenza Vaccination

My employer recommends that I receive influenza vaccination to protect myself, residents/program participants, applicants, and other staff.

I acknowledge that I am aware of the following facts (*please read and check each box*):

- Influenza is a serious respiratory disease. Each year in the United States, influenza kills thousands of people and causes hundreds of thousands of hospitalizations.
- Influenza vaccination is recommended for me and all other employees to protect our staff and our program participants from influenza, its complications, and death.
- If I contract influenza, I can spread the virus for 24 hours before any influenza symptoms appear. During the time I shed the virus, I can transmit influenza to others.
- If I become infected with influenza, even if my symptoms are mild or non-existent, I can spread influenza to others. Symptoms that are mild or non-existent in me can cause serious illness and death in others.
- I understand that the strains of virus that cause influenza infection change almost every year and, even if they do not change, my immunity declines over time. This is why vaccination against influenza is recommended every year.
- I understand that it is impossible to get influenza from influenza vaccine.
- The consequences of my refusal to be vaccinated could have life-threatening consequences for my health and the health of everyone with whom I have contact.

-----  
*Check the appropriate box below, and sign and date the form. Return the completed form to the person/department responsible for Human Resources at your housing agency.*

- Despite these facts, I am choosing to decline taking the influenza vaccination. I understand that I can change my mind at any time. I agree to provide evidence of taking the influenza vaccination to my employer should I change my mind.
- I agree to take (or have already taken) the influenza vaccination.

I have read and fully understand the information on this acceptance/declination form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (print) \_\_\_\_\_

Department \_\_\_\_\_

reference: CDC. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices. . . Access links to current ACIP recommendations at [www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html)

### Bloodborne Pathogen, Contagious or Infectious Disease, and COVID-19 Exposure Incident Report

**COMPLETE AND PROVIDE EXPOSURE INCIDENT REPORT TO YOUR SUPERVISOR WITHIN 24 HOURS OF INCIDENT. IF MEDICAL ATTENTION IS SOUGHT, A COPY OF THIS FORM SHOULD BE PROVIDED TO THE MEDICAL PROVIDER BY THE EMPLOYEE.**

Employee: \_\_\_\_\_ Date of Exposure: \_\_\_\_\_

Date Reported: \_\_\_\_\_ Time of Exposure (if known): \_\_\_\_\_

Site: \_\_\_\_\_ Unit # \_\_\_\_\_ Tenant Involved:  Yes  No

Tenant Name: \_\_\_\_\_

Non-Tenant(s) Involved:  Yes  No Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Were there witnesses?  Yes  No Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Description of Exposure Incident (attach more sheets if needed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did tenant or others present refuse to wear a face cover or practice social distancing?  Yes  No

Was blood present?  Yes  No Were other bodily fluids present?  Yes  No

Was there exposure to skin?  Yes  No Is your skin intact (no cuts or abrasions)?  Yes  No

Is there a known source of exposure?  Yes  No If 'yes', describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Pandemic or Outbreak Personal Protective Equipment and Disinfectant Inventory Instructions**

***These instructions and inventory list should be copied and maintained at each storage location.***

Enter the storage location and the employee (by position) responsible for maintaining specified quantities of each inventory item.

As masks and gloves are susceptible to degradation, they will be rotated out for daily use and replaced annually from date received. Record use and rotation on this form as it occurs.

**At a minimum**, the following quantities of commonly used PPE and disinfectants will always be maintained at each location as specified below:

1. Disposable gloves – 1 box of small; 1 box of medium; and 1 box of large at each property and program office.
2. Disposable masks – 10 times the number of maintenance employees and inspectors and 2 times the number of all other employees.
3. Disinfecting wipes – 3 unopened containers per property; 1 per program office.
4. An EPA or CDC Approved/Recommended Spray Disinfectants – 3 cans at each property, 1 per program office.
5. Bleach – Sufficient bleach to make 2 gallons of solution viable for a minimum of 30 days for disinfectant, per current CDC recommendations, per property.
6. Disposable protective suits – 4 per property.
7. Eye protection (goggles or shields) – 1 per maintenance employee.
8. Alcohol based hand sanitizers with a minimum of 60% alcohol content – 1 station in each office and common area with a 60-day supply on hand.

Hazardous Waste Bags – 2 per property and 2 per office building.

## Pandemic or Outbreak Personal Protective Equipment and Disinfectant Inventory

Site or Location of Inventory \_\_\_\_\_

Staff position responsible for maintenance of this inventory \_\_\_\_\_

***As masks and gloves are susceptible to degradation, rotate out for daily use and replace annually from date received. Record use and rotation on this form as it occurs.***

Inventory Item	Quantity	Date Received	Quantity & Date Removed	Quantity & Date Received	Quantity & Date Removed	Quantity & Date Received	Reconciled Date & Quantity
Disposable Gloves							
Disposable Masks							
Disinfectant Wipes							
Spray Disinfectant							
Bleach							
Disposable Protective Suits							
Eye Protection							
Alcohol Based Hand Sanitizers							
Hazardous Waste Bags							

## **Notice to Public Housing Residents and HCV Program Participants COVID-19 Recovery**

To protect our staff and residents against contagious and infectious diseases, such as COVID-19, we will be operating under a *new normal business model*. This mode of operations is designed to implement agency wide methods of containment, disinfection, quarantine, vaccination, and education. We have adopted a Plan to sustain pandemic related waves of infection and subsequent federal, state, or local requirements of quarantine and/or lockdown in order to maintain the health and well-being of our staff and residents regardless of pandemic status. This Notice is to advise you of the major changes in the way that we will be operating until the COVID-19 pandemic and any subsequent waves of the virus are declared to be over.

To reduce risk of exposure, please wear a mask or some type of face covering any time that you must interact with others either in your home or in our offices. Maintenance will not be performed in any rental unit if the resident and any others present are not wearing some type of face covering. Maintenance staff will be wearing a mask and gloves any time that they are working in your home.

Common areas (such as laundry rooms, community rooms, meeting rooms, restrooms, etc.) that are insufficient in size to maintain six feet of social distancing will be closed or have use restricted to allow for a maximum capacity of 50%. What does this mean to you? It means that only small groups can use these common areas. In very small areas, capacity may be limited one or two people at a time. Chairs must be arranged no closer than six feet apart. Therefore, social activities, such as card games, dominos, assembling puzzles, etc. will not be allowed at this time. These rooms must be cleaned and disinfected both before and after each use.

To reduce face-to-face exposure, as many routine activities as possible will be conducted remotely through use of computers, tablets, and phones. If your recertification is conducted remotely, you will be given a choice of ways to receive and return any forms that you are required to sign.

Although there has been a moratorium on evictions due to non-payment of rent until July 31, 2020, your rent must still be paid. No late charges will be assessed until after that date. Evictions can still be processed for any lease violation other than payment of rent during the moratorium.

If you are self-quarantining due to a positive COVID-19 test, please let us know. If you have tested positive or are experiencing COVID-19 symptoms, let us know and we will help you to the best of our ability. If you have not provided an emergency contact person and their phone number, please call the office this week and let us update your file with that information so that we can better assist you.

Due to the high-density population in public housing, we encourage each of you to take preventive measures to protect both yourself and your neighbors.

### Designated Staff COVID-19 Recovery

*Please complete this chart and provide a copy to all employees when they are provided the Contagious and Infectious Disease Preparation and Recovery Plan. Additional lines may be used for any other COVID-19 Recovery assignments.*

<b>Task</b>	<b>Location</b>	<b>Designated Employee</b>	<b>Email</b>	<b>Phone</b>
<b>Pandemic Inventory</b>	Central Office			
<b>Pandemic Inventory</b>	HCV Offices			
<b>Pandemic Inventory</b>	Development 1			
<b>Pandemic Inventory</b>	Development 2			
<b>Pandemic Inventory</b>	Development 3			
<b>Pandemic Inventory</b>	Development 4			
<b>Pandemic Inventory</b>	HCVP			
<b>Pandemic Inventory</b>				
<b>Cleaning &amp; Disinfecting</b>	Central Office			
<b>Cleaning &amp; Disinfecting</b>	HCV Offices			
<b>Cleaning &amp; Disinfecting</b>	Development 1			
<b>Cleaning &amp; Disinfecting</b>	Development 2			
<b>Cleaning &amp; Disinfecting</b>	Development 3			
<b>Cleaning &amp; Disinfecting</b>	Development 4			
<b>Cleaning &amp; Disinfecting</b>	HCVP			
<b>Cleaning &amp; Disinfecting</b>				
<b>COVID-19 Coordinator</b>				
<b>Backup Coordinator</b>				

## **NOTICE**

The Nelrod Company has made its best efforts to comply with regulations, laws, and Federal/local policies. The Nelrod Company does not offer advice on legal matters or render legal opinions. We recommend that the Housing Authority's general counsel and/or attorney review this policy prior to approval by the Board of Commissioners.

The Nelrod Company is not responsible for any changes made to these policies by any party other than The Nelrod Company.